

This form may be completed online, printed and mailed to the address listed.

**APPLICATION
FOR APPOINTMENT TO THE
BOARD OF NURSING
(BACCALAUREATE NURSE EDUCATOR MEMBER)**

PLEASE PRINT OR TYPE

Name:	First	Middle	Last	Credentials (ie, MSN, etc., if applicable)
Mailing Address:	Street/Box/RR			
	City	State	Zip	
Are you a resident of the State of Nebraska?				
				Answer Yes or No
Business Telephone:		Cell/Pager:		
Residence Telephone:		FAX Number:		
E-Mail Address:				
Are you available to meet, usually in Lincoln, on a monthly basis, if necessary or required for Board Meetings?				
				Answer Yes or No
Please indicate how you became aware of this vacancy on this Board.				
Professional Association	HHS R&L Web Page		Newspaper	
Other (please explain): (Please use additional paper if space not adequate)				

ELIGIBILITY REQUIREMENTS

Do you hold a current Nebraska license to practice as a registered nurse?			
			Answer Yes or No
Do you hold a master's degree in nursing?			
			Answer Yes or No
Have you had five years of experience in administration, teaching, or consultation in nursing education?			
			Answer Yes or No
Are you currently employed as a baccalaureate nurse educator and have you practiced at least two thousand hours in the past two years?			
			Answer Yes or No
Specify the number of years you have been engaged as a baccalaureate nurse educator in Nebraska			
Please indicate the congressional district in which you are a resident:	District 1	District 2	District 3
Have you been a resident of this congressional district for at least one year prior to this appointment?			
			Answer Yes or No
If yes, how many years?			
<i>(Statutes that regulate the Board of Nursing require all congressional districts be equally represented on the board, and each member shall have been a resident of the congressional district from which he or she is appointed for the past year.)</i>			

EDUCATION

School	Location	Degree/Specialty	Completed Date

DETAILED DESCRIPTION OF WORK EXPERIENCE AS A BACCALAUREATE NURSE EDUCATOR WITHIN THE LAST FIVE YEARS IN NEBRASKA			
Type of Experience	Location	From/To	Average Number of Hours Per Week

ADDITIONAL INFORMATION	
Describe your interest in this profession and why you wish to serve on this Board. (Please use additional paper if space not adequate)	
Are you aware of any reason why your appointment might be considered a conflict of interest as defined in Title 172 NAC 3, Regulations Establishing Definitions of Conflicts of Interest for Members of the Boards of Examiners in the Health Professions? <div style="text-align: right;">Answer Yes or No</div>	
If yes, please explain: (Please use additional paper if space not adequate)	
Have you ever had your statutory ability to practice or clinical privileges suspended or revoked? <div style="text-align: right;">Answer Yes or No</div>	
Are you currently under investigation? <div style="text-align: right;">Answer Yes or No</div>	

I swear and affirm that all information I have provided on this application is true and complete to the best of my knowledge.

Signature

Date

Return completed Application to: Joyce M. Novak, Administrative Assistant,
Nebraska Department of Health & Human Services Regulation and Licensure,
Credentialing Division, Nebraska State Office Building, 301 Centennial Mall South, P.O. Box 94986, Lincoln, NE
68509-4986
402/471-0182; FAX 402/471-3577

5/2005